



EXTENDED HOURS ESTABLISHMENT LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

DEFINITION: An extended hours establishment shall mean any convenience store, filling station, personal service establishment or restaurant open at any time between the hours of 12 a.m. and 5 a.m.

LICENSE PERIOD: Annual, May 1 thru April 30

APPLICATION: Apply at City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202; telephone (414) 286-2238.

FEE: The \$200 license fee **must be submitted with application.** Checks payable to: City of Milwaukee.

EXEMPTIONS: No license is required for premises holding a Class "B" alcohol beverage license open during those hours which Class "B" premises may be open.

SIGNATURES: Notarized signature of the individual, all partners, an officer of a corporation, or member of a LLC are required.

REQUIREMENTS:

Applicants must be 18 years of age.

Individual applicants, partners, or the agent of a Limited Liability Company or Corporation must be residents of the state of Wisconsin.

OCCUPANCY PERMIT: An occupancy permit may be obtained from the City of Milwaukee, Development Center, Permit Desk, 809 N. Broadway, 1st floor, (414) 286-8211 <http://www.mkedcd.org/build/pdfs/occert.pdf>.

The applicant shall file a copy of a valid occupancy certificate with the license application.

The permit must be in the name of the same legal entity as indicated on the license application.

Take your application to the Development Center when applying for your occupancy permit.

HEALTH DEPARTMENT: Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check for any permits you may need.

FINGERPRINTS: All applicants (including partners, the agent of the corporation or LLC) whose fingerprints are not on file with the Milwaukee Police Department must be fingerprinted. Report to the Police Administration Building, 951 N. James Lovell St. (7th St), Room 305 to be fingerprinted. If you are an out of town resident, call (414) 935-7281 to receive information regarding how to comply with the fingerprint requirement.

REPORT CHANGES: Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 5 days of the change.

GRANTING OF LICENSES: Licenses are granted by the Common Council. Please allow 5-6 weeks for processing.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of \$150, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is \$8. You must bring a current photo Identification.



**City
of**

Milwaukee

PLAN OF OPERATION – EXTENDED HOURS ESTABLISHMENT

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To be completed by the individual, a partner, or officer/member of a corporation/LLC.

Business Trade Name:

Name of Corporation/LLC:

Premises Address:

Day of Week	Current Hours of Operation: i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	Proposed Hours of Operation: i.e. 8:00 A.M. to 1:30 A.M. or 24 hours	Number of Patrons Expected:
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

What are your plans for security at the premises?

What are your plans to ensure the orderly appearance and operation of the business with respect to:

Litter: _____

Noise: _____

For Restaurant Only, Legal Occupancy Limit / Capacity:

For Restaurant OR Personal Service Establishment: Number of Off Street Parking Places _____

What other licenses does the applicant hold?

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20 _____

Applicant's Name: _____

(Please Print)

Notary Public Signature _____

Applicant's Signature: _____

My Commission expires: _____

Office Use Only: Initials _____ License # _____ Filed _____ Granted _____ Issued _____